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TO: U.S. Patent and Trademark Office
Group 1646 – Examiner Prema Maria Mertz

FROM: Mark Wilson

PHONE NUMBER: (650) 820-5506

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PHONE NUMBER: DATE: September 21, 2004

RE: U.S. Serial No.10/032,238 PAGES: 37
(INCLUDING COVER)

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

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Practitioner's Docket No. 0075.00

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Jayne E. Hastedt et al.

Application No.: 10/032,238

Group No.: 1646

Filed: 12/21/2001

Examiner: Prema Maria Mertz

For: STORAGE STABLE COMPOSITIONS OF INTERLEUKIN-4 RECEPTOR

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$950.00

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

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37 C.F.R. § 1.8(a)

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Date: 9/21/2004

Kathy Honnert
Signature

Kathy Honnert
(type or print name of person certifying)

* Only the date of filing ('1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under '1.8 continues to be taken into account in determining timeliness. See '1.703(f). Consider "Express Mail Post Office to Addressee" ('1.10) or facsimile transmission ('1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	OTHER THAN A SMALL ENTITY		
TOTAL	43	-	43	=	0
INDEP.	1	-	3	=	0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+	\$ 0.00
				TOTAL	\$ 0.00
				ADDIT. FEE	\$ 0.00

No additional fee for claims is required.

FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$950.00 to Deposit Account No. 500348.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 500348.

If an additional fee for claims is required, charge Account No. 500348.

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Mark A. Wilson September 21, 2004
Signature of Practitioner
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